

## STATE OF ALABAMA

## DEPARTMENT OF MENTAL HEALTH RSA UNION BUILDING

100 NORTH UNION STREET POST OFFICE BOX 301410 MONTGOMERY, ALABAMA 36130-1410 WWW.MH.ALABAMA.GOV



Memo:

January 9, 2014

From: Timothy E. Stone, MD, ADMH Medical Director

To: Community Behavioral Health Prescribers

Re: Health Monitoring Of Individuals Treated For Behavioral Health Disorders

Individuals with serious mental illnesses, substance abuse disorders, and developmental disorders are more likely than individuals without these disorders to develop co-occurring chronic medical illnesses such as diabetes, hypertension, and heart disease. Population studies have documented shortened lifespans associated with chronic medical illnesses in individuals with serious behavioral health disorders.

Ensuring ongoing monitoring of the general physical health of individuals with behavioral health disorders is one of the most important responsibilities of community behavioral health providers. In recent years a number of national healthcare associations have created or endorsed guidelines for routine health monitoring of individuals with behavioral health disorders.<sup>3</sup>,<sup>4</sup>

Behavioral health prescribers must be aware of a broad range of therapeutic and adverse effects associated with each psychotropic medication they prescribe, as well as being aware of the potential side effects and drug interactions associated with medications prescribed by the patient's <u>other</u> healthcare providers. Because of the growth in the number of psychotropic medications available to prescribers, each patient's individualized plan for therapeutic medication and safety monitoring can be quite complex.

While evidence is clear that implementation of health monitoring protocols in clinical practice is a component of good patient care, several recent studies indicate that behavioral health providers are not consistently following the protocols recommended in published guidelines.<sup>5</sup>,<sup>6</sup>

<sup>&</sup>lt;sup>1</sup> Mortality in a cohort of patients with schizophrenia: a record linkage study. Can J Psychiatry 1991; 36:239–245

<sup>&</sup>lt;sup>2</sup> Psychotropic drug-induced weight gain and other metabolic complications in a Swiss psychiatric population. Journal of Psychiatric Research 2012; 46; 540-548

<sup>&</sup>lt;sup>3</sup> Physical health monitoring of patients with schizophrenia, Am J Psychiatry 2004; 161:1334–1349.

<sup>&</sup>lt;sup>4</sup> Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes, Diabetes Care, 2004; 27 (2): 596-601

<sup>&</sup>lt;sup>5</sup> Metabolic Testing Rates in 3 State Medicaid Programs After FDA Warnings and ADA/APA Recommendations for Second-Generation Antipsychotic Drugs, Arch Gen Psychiatry. 2010;67(1):17-24



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JIM REDDOCH, J.E COMMISSIONER

In order to support the ability of community providers to consistently and effectively monitor the therapeutic and safety parameters associated with each patients prescribed medications, and to promote physical health monitoring and healthcare services coordination, the Alabama Department Of Mental Health is posting a summary table of health monitoring guidelines on its website at <a href="http://www.mh.alabama.gov/COMD">http://www.mh.alabama.gov/COMD</a>. Additionally, documents related to health monitoring of individuals with behavioral health disorders, as well as therapeutic and safety monitoring of psychotropic medications will be posted as well. These documents are intended to serve as an educational and reference resource for behavioral health prescribers and clinical administrators and can be used for the development and update of policies and procedures related to therapeutic, safety, and health monitoring of behavioral health patients.

If you have any questions, please contact Timothy E. Stone, MD, Medical Director, ADMH at <a href="mailto:timothy.stone@mh.alabama.gov">timothy.stone@mh.alabama.gov</a>

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<sup>&</sup>lt;sup>6</sup> Economic Costs of Failure to Monitor Adverse Effects of Second-Generation Antipsychotics: An Underestimated Factor, Psych Services. 2012; 63(3): 202-204